10/656180

Application or Docket Number

## 10656180

## -PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

|   |  |   |              |                               |                      |                  |   |           |                         |          | OTHER<br>SMALL |                        |
|---|--|---|--------------|-------------------------------|----------------------|------------------|---|-----------|-------------------------|----------|----------------|------------------------|
| TOTAL CLAIMS  |  |   | 5            |                               |                      |                  |   | RATE      | FEE                     |          | RATE           | FEE                    |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA         |                  |   | BASIC FEE | 375.00                  | OR       | BASIC FEE      | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 minus 20=  |                               | •                    |                  |   | X\$ 9=    |                         | OR       | X\$18=         |                        |
| IND   | EPENDENT CL                                    | AIMS                                      | / minus 3 =  |                               |                      |                  |   | X42=      |                         | OR       | X84=           |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                               |                      |                  |   | +140=     |                         |          | +280=          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                               |                      |                  |   | TOTAL     |                         | OR<br>OR | TOTAL          | 0(7)                   |
| 10 (2) CALAIMS AS AMENDED - PART II   |  |   |              |                               |                      |                  |   |           |                         | JUN      | OTHER          | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                      |                  | 1 | SMALL     | ENTITY                  | OR       | SMALL          |                        |
| AMENOMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |   | RATE      | ADDI-<br>TIONAL<br>FEE  |          | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | $\cdot$ $ O $                             | Minus        | -02                           | 0                    | =                |   | X\$ 9=    |                         | OR       | X\$18=-        |                        |
|   | Independent                                    | * /                                       | Minus        | ngi y                         | 5                    | =                |   | X42=      |                         | OR       | X84= -         |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP  | PENDEN                        | CLAIM                |                  | _ | +140=     |                         | OR       | +280=-         |                        |
| TOTAL<br>ADDIT FEE  |  |   |              |                               |                      |                  |   |           |                         | OR       | TOTAL          |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                      |                  |   |           |                         | J        | ADDIT. FEE     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI          |                      | PRESENT<br>EXTRA |   | RATE<br>· | ADDI-<br>TIONAL<br>FEE  |          | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | źŵ                            |                      | =                |   | X\$ 9=    |                         | OR       | X\$18=         |                        |
|   | Independent                                    | *   | Minus        | ***                           |                      | -                |   | X42=      |                         | OR       | X84=           |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                      |                  |   | +140=     |                         |          | +280=          |                        |
| TOTAL .   |  |   |              |                               |                      |                  |   |           |                         | OR       | TOTAL          |                        |
|   |  |   |              |                               |                      |                  |   |           |                         |          | ADDIT. FEE     |                        |
|   |  | (Column 1)                                |              |                               | mn 2)<br>HEST        | (Column 3        | 4 |           |                         |          |                |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                         | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE      | ADDI-<br>TIONAL-<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  |   | Minus        | **                            |                      | =                |   | X\$ 9=    |                         | OR       | X\$18=         |                        |
|   | Independent                                    | *   | Minus        | ***                           |                      | =                | 4 | X42=      |                         | OR       | X84=           |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                      |                  |   | +140=     |                         | OR       | +280=          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                               |                      |                  |   |           |                         | OR       | TOTAL          |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |  |   |              |                               |                      |                  |   |           |                         |          |                |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                               |                      |                  |   |           |                         |          |                |                        |